

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 19 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Holt  
Township Hickory  
City New Point (No. \_\_\_\_\_)

Registration District No. 375  
Primary Registration District No. 53-22

File No. 6068  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Abram Marcus Lent

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Perry Lent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26, 1851

7. AGE YEARS 85 MONTHS 4 DAYS 13 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pennsylvania  
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel Lent

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amanda Slater

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pennsylvania  
(STATE OR COUNTRY)

14. INFORMANT Mabel Lent  
(Address) New Point Missouri

15. FILED Feb. 9, 1937 Edith Lent  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9th 1937

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937, Feb 9, 1937, that I last saw h. alive on Feb. 8th, 1937, and that death occurred, on the date stated above, at 2:50 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hypostatic Pneumonia

CONTRIBUTORY (SECONDARY) 108

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) M. L. Holliday M. D.

Feb. 9, 1937 (Address) Fillmore, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound City Missouri DATE OF BURIAL 2.10 1937

20. UNDERTAKER Lester Pettigrew ADDRESS Oregon Mo.

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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Holt  
Township Hickory  
City          (No.         )

Registration District No. 375  
Primary Registration District No. 5522

File No. 6068  
Registered No.          St.          Ward         

**2. FULL NAME**

(a) Residence, No. Abram Marcus Lent St.          Ward           
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.  
85 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) If: Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Feb. 9, 1937 Edith Lent Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw          alive on         , 19         . Death is said to have occurred on the date stated above, at          m.

The principal cause of death and related causes of importance were as follows:

Supp static pneumonia  
Lobar

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Holliday, M. D.

(Address) Fillmore Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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